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Cameron Kerrigan

SQUIRE, SANDERS & DEMPSEY L.L.P. Suite 300

One Maritime Plaza

San Francisco, CA 94111-3492

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE PEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Orpovioc's name) (Signates) (Outs)

APPLICATION NO.	FILING DATE	FILING DATE		AT	TORNEY DOCKET NO.	CONFIRMATION NO.
10/603,794 06/25/2003		Syed F.A. Hossainy			50623.221	3469
TITLE OF INVENTION: THERMAL TREATMENT OF A DRUG ELUTING IMPLANTABLE MEDICAL DEVICE						
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/03/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS			
SELLMAN, CACHET I		1792	427-002100	•		
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).     Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			2. For printing on the p		Squire	, Sanders &
			(1) the names of up to or agents OR, alternativ	/ely,	Downso	y, L.L.P.
The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(2) the name of a single registered attorney or a 2 registered patent atto- listed, no name will be	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		.,
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)						
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.						
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Advanced Cardiovascular Systems, Inc. Santa Clara, CA						
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🔯 Corporation or other private group entity						
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)						
Sal Issue Fce □ A check is enclosed.						
Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or cred overpayment, to Deposit Account Number 0.7 - 1.85.0. (enclose an extra copy of the control o						
5. Change in Entity Status (from status indicated above)						
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
NOTE: The Issue Fee and Publication Fee (if required will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Tademark Office.						
Authorized Signature	·_//	$\times$	Date February 1, 2010			
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